

PART B - FEE(S) TRANSMITTAL



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7590 08/04/2005

Robert A. Kent
Halliburton Energy Services
2600 South 2nd Street
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08/15/2005 NNGUYEN2 00000067 080300 10613487

01 FC:1501 1400.00 DA
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Tammy Knight

(Depositor's name)

(Signature)

8-10-2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,487	07/03/2003	Philip D. Nguyen	2003-IP-009869	4439

TITLE OF INVENTION: METHOD AND APPARATUS FOR TREATING A PRODUCTIVE ZONE WHILE DRILLING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/04/2005
EXAMINER	ART UNIT	CLASS-S UBCLASS			
WALKER, ZAKIYA NICOLE	3676	175-070000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert A. Kent

2 Baker Botts

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Halliburton Energy Services, Inc. Duncan, OK

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0300 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date _____

Typed or printed name Robert A. Kent

Registration No. 28,626

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